ABOUT CMSA
Case managers are recognized experts and vital participants in the care coordination team who empower people to understand and access quality, efficient health care. The mission of CMSA is to advocate for patients’ wellbeing and improved health outcomes through fostering case management growth and development, impacting health care policy and providing evidence-based tools and resources.

CMSA ROLE IN MENTAL HEALTH

INTRODUCTION
CMSA is committed to being actively involved in ensuring mental health services are a critical component within integrated case management model of care.

• **Equity.** Illnesses of the brain should be treated like any other illness of the body. Mental health is now being recognized as a vital component of health care delivery by patients, providers, health care advocates, payers, employers and a wide array of other interested parties.

• **Integration.** Promoting mental health is a fundamental value of case management and must be part of any integrated case management model of care.

• **Resources.** A myriad of resources should be used to promote mental health including case management interventions, telehealth, outpatient visits, home visits and CMSA educational programming.

• **Outcomes.** Utilizing case management programs and services to promote mental health will improve clinical and financial outcomes.

THE OPPORTUNITY
Because mental health services should be part of every case management integrated care delivery model, CMSA will focus on incorporating mental health care in the CMSA non-profit Standards of Practice Guidelines, as well as drafting model legislation/amendments that promote CMSA’s Standards of Practice. Additionally, CMSA will look to work with mental health parity advocates to attach case management as a recommended service to their model bills like Senate Bill (SB) 855, which are not being introduced in multiple states.

*Generally Accepted Standards of Care*

• As referenced above, case management should be considered as part of the generally accepted Standards of Care (GASC)— all settings (based on recent landmark case Wit vs. United and Cal SB 855).

• CMSA Standards of Practice can be considered as a benchmark which could help non-profits in establishing best practice guidelines as part of the emerging trends of promoting Generally Accepted Standards of Care (GASC).

*Case Management Attributes*
• Complex condition management programs should be used, which incorporate and address both the physical and mental needs of each patient.
• Case management should be used to address all types of individuals with mental health conditions including the homeless and geriatric populations.
• Screening for mental health needs to be a priority including treatment protocol and reimbursement.
• Transition of care pathways should be used which include appropriate “step down” and other support programs.

Other Observations
• Payer reimbursement historically has been lacking for mental health and addiction services.
• Mental health assessments often undervalued and not implemented robustly and holistically.
• Need to create homeless shelter which feel like home and provide comfort and support services.
• Bringing in resources in rural/urban settings for successful management of patients.
• Re-think coordination of care consultations so they are not simply Medical Director driven but are fully inclusive of the patient’s biopsychosocial needs.
• Ensure that we are properly assessing complex patients to optimize interventions and considering all of a patient’s attributes including: Geriatric, homeless status, addiction, psychoses, culture and so on.
• Subthemes for continued focus: More qualified disclosures.

The Impact/Outcomes
• Work with mental health provider groups to increase evidence-based pathways which leverage case management services.
• Optimize case rounds to go beyond utilization management. Build more partnerships with healthcare firms to affect change – increase awareness of mental health status.

KEYWORDS
mental health, parity, substance use disorders, behavioral health, addiction, non-quantitative treatment limitation, opioid use disorder (OUD), stimulant use disorder, social determinants of health